Health for underprivileged by 2000 A.D.

1559. SHRI B.J. PANDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the National Health Policy 1983 gives commitment to the goal of "Health for under privileged by 2000 AD";

(b) if so, the percentage of underprivileged population that has been provided with comprehensive primary health care as on March, 2001;

(c) the percentage of the total population; and

(d) the percentage of the total number of mentally retarded and physically disabled persons in the country who have been rehabilitated as envisaged in para (vii) of the policy?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) "Health for All" by 2000 AD was the overall goal of National Health Policy 1983. No separate information regarding under privileged patients or otherwise is maintained at primary health care level.

(d) Although various initiatives have been taken for rehabilitation of the mentally retarded and physically disabled no estimates of the numbers rehabilitated are available.

Fake medicines

1560. SHRI RAJEEV SHUKLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that fake medicines have been detected in Delhi and other parts of the country;

(b) if so, the details thereof; and

(c) the steps proposed to be taken to unearth entire fake medicines and initiate positive action against the illicit manufacturers and traders of fake drugs?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Yes. Sir. Spurious/fake medicines have been detected by the State Licensing Authorities in Delhi and other parts of the country.

(b) As per the feedback available from State Licensing Authority 93 samples of spurious drugs have been detected during the period 1999-2000, State-wise details of which are given in the Statement *(See* below). In Delhi four more cases were detected during the period 2000-2001. During July, 2001, an inter-State spurious drug racket has been uncovered in Bhagirath Place in Delhi who were clandestinely manufacturing, selling and distributingiake medicines. Arrested persons are being proceeded against as per the provision of law.

(c) Enforcement of Drugs and Cosmetics Act, 1940 and Rules thereof is done by State Drugs Control Authorities. The Drugs Controller General (India) has advised the State Drugs Controllers to take the following measures for curbing the incidence of spurious drugs:

(i) Constitution/reactivation of State Drug Advisory Committees in which various trade and industry associations as well as consumer associations should find representation.

(ii) Establishment of separate intelligence-cum-legal machinery with police assistance.

(iii) Training should be provided to selected Officials of Drug Control Administration in the modalities of intelligence work, prosecution etc. in respect of spurious/counterfeit drugs.

(iv) To ensure speedy analysis of drugs samples by establishing own State level drug testing facilities.

(v) State Drugs Licensing Authorises to be cautious while approving licences for drug products to ensure that "look-alike" products are not encouraged.

(vi) To develop efficient communication facilities and recall procedures.

(vii) To undertake surveillance of suspected dealers.

(viii) To engage experienced counsel for fighting spurious drug cases.

(ix) To obtain cooperation of Pharmaceutical Industry by regular interaction with them.

(x) To collect survey samples under National Survey Quality Evaluation of Drug (NSQED) programme.

To ensure manufacture of qualitative drugs/medicines in the country Good Manufacturing Practices is a statutory requirement under the Drugs and Cosmetics Act. These provisions are being upgraded.

The AH India Organisation of Chemist and Druggist Association (AIOCD) holds National Pharmacy Weeks from time to time to create awareness among the public. Do's and Don't for consumers are also published.

The Union Ministry of Health & Family Welfare has constituted a Committee under the Chairmanship of Director General of Health Services (DGHS) on July 18,2001 to go into all aspects of the menace of spurious drugs and suggest remedial measures.

Statement

State-wise number of cases of spurious medicines detected by the State Licensing Authorities during the year 1999-2000

1.	State/UTs	Year 1999-2000
1.	Andhra Pradesh	10
2.	Arunachal Pradesh	NIL
3.	Assam	6
4.	Bihar	2
5.	Goa	NIL
6.	Gujarat	1
7.	Haryana	32
8.	Himachal Pradesh	NIL*
9.	Jammu and Kashmir	NIL
10.	Karnataka	NIL
11.	Kerala	NIL*
12.	Madhya Pradesh	NIL
13.	Maharashtra	NA
14.	Manipur	NIL*
15.	Meghalaya	NIL
16.	Mizoram	NIL*
17.	Nagaland	NIL
18.	Orissa	2
19.	Punjab	4*
20.	Rajasthan	NA
21.	Sikkim	NIL

SI.	State/UTs	Year 1999-2000
22.	Tamil Nadu	14
23.	Tripura	NIL*
24.	Uttar Pradesh	2*
25.	West Bengal	12*
26.	Pondicherry	NIL
27.	Andaman & Nicobar Islands	NIL*
28.	Chandigarh	NIL
29.	Delhi	8
30.	Dadra & Nagar Haveli	NA
31.	Daman & Diu	NIL
32.	Lakshadweep	NIL*
	TOTAL :	93

NA-lnformation not available.

Information as on 31.3.99.

Privatisation of Health Sector

1561. SHRI N.K. PREMACHANDRAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government propose to privatize the Health Sector by introducing multinational companies;

(b) whether it is also a fact that the epidemic diseases, which had been treated as eradicated are appearing again; and

(c) if so, the details of such diseases and the steps taken by Govemment to control such diseases?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) No, Sir.Government is committed to the overair objective of providing healthcare services for all, with a focus on providing comprehensive primary health care.

(b) and (c) Small Pox and Guinea Worm are considered as having been eradicated. No cases of Small Pox and Guinea Worm have been reported since May, 1975 and July, 1996 respectively. Human Plague cases which were not being reported since 1966 were reported in the form of an outbreak in 1994. In